



PROMOTING HEALTH AND WELLBEING TOWARDS 2030:

***Taking the Ottawa Charter forward in the context of
the UN Sustainable Development Agenda 2030***



Our purpose

On the occasion of the 30th anniversary of the 1986 WHO Ottawa Charter on Health Promotion, the EuroHealthNet Partnership is reflecting on its values and approaches. For health promotion this offers new opportunities to improve governance, ensure sustainable policy making and implement improvements. Many health promotion values, principles and approaches from the Ottawa Charter and thereafter are now widely recognised, but much more is needed and can be done.

The new UN Agenda 2030 is universal: it should be implemented globally, nationally and locally. The SDGs present public health and health promotion with two key challenges:

- *How to translate and transform knowledge into policies, strategies and practice.*
- *How to contribute to and benefit from the implementation of the SDGs at all levels.*

As the leading European Partnership for improving health, equity and well-being, EuroHealthNet contributes our knowledge and experience to help meet these challenges, and to share our vision on what we want health promotion to achieve by 2030.

Part one: moving on by promoting health in a rapidly changing world

Values such as equity, social justice, community engagement and empowerment of women and men are at the heart of health promotion. Thirty years on from the Ottawa Charter, they are more relevant than ever before, but are being tested to new limits across the planet including in Europe. The region is confronted by demographic, economic, social, environmental, technological, political and cultural changes at rapid pace. This change manifests itself in a most pressing refugee crisis, through political polarisation, inequality, security threats and human influenced climate change, while much of the world is still recovering from a decade of economic crisis. In addition, these challenges have to be tackled in ageing societies, with the benefits of increased life expectancy but needs of life quality. The implications for public health and health promotion are huge, but may be significantly progressed through cross cutting and joint efforts, as outlined in the SDGs and subsequent targets. We can do that by drawing on our shared values regarding equity and wellbeing, placing them in modern settings, and acting on the realities we face.

Sustainable policy making

Health promoters have long argued for integrated policy making and subsequent actions for implementation, whether labelled multi-, cross-, intersectoral, whole-of-government or "*Health in All Policies*". The ultimate aim is, by going upstream, to successfully address the root causes of poor and inequitable health, for example by ensuring adequate income and social protection, addressing inequality, employment, and good quality early years education across the social gradient. To achieve that aim we must become better at building real partnerships.

Our understanding of the diversity of health determinants and the way they are interrelated has progressed. We have learned to build bridges with other more influential policy areas. The fields with which we interact have also become increasingly complex, ranging through environment, education, employment, housing and social inclusion sectors to trade and markets, development, industry and economic affairs. While innovation and sustainable growth are important and can be encouraged, applying principles of prevention and precaution with a priority for human rights should be the fundamental policy approach.

The challenge for health promotion is to support and partner people and bodies with common needs, so work undertaken in all of these policy areas also contributes to greater health equity. Advocacy for health in relation to this kaleidoscope of policies (and the way they interact) requires extensive analytical, strategic and practical skills. In those instances where clear mutual gains ("*win/win*") can be achieved, we need to improve liaison and cooperation. In other circumstances we must highlight trade-offs, negotiate and explore which compromises can be made, as part of sustainable policy making.

Building and applying new knowledge

Evidence based, led and guided approaches must remain fundamental for health promotion, with a fairer and greater proportion of research and implementation resources allocated to building and using that knowledge. But a focus on the familiar determinants of health alone is not enough; we must continuously update our understanding of the “causes of the causes”. Our rapidly changing world requires us to be more dynamic, innovative and responsive than ever before. This calls for insights into, for example:

- › The relationship between states, people and corporations as well as worldwide capital flows and their consequences;
- › The concept of the ‘risk society’ and its impact over people’s life course;
- › The digitalization of human life and the influence of new media on children and young people in particular.

It is essential to engage with such public health drivers; superficial responses do not suffice. Providing information, raising awareness, empowering individuals and building the skills and capacities to anticipate and respond to such developments (from a health equity perspective) is of utmost importance.

Transforming health systems

Much evidence has been generated about the value of health promotion to health systems efficiency, outcomes and sustainability. Social and economic sectors have also contributed to making the case for investments in health promotion. Yet, the health (care) sector itself has been unable to adopt a systematic health promotion perspective and integrate it into broader systems and governance. The wide gap between the worlds of promoting health and curing disease remains. The reorientation of health sectors is where least progress from the Ottawa Charter principles can be noted.

The contribution of health promotion to better health outcomes needs to be reflected in more effective resources than the current average 2-3% of national health care budgets. International organisations and bodies should not only champion the importance of strengthening public health, health promotion and preventative services as major and essential part of health systems, but use their mechanisms better to help effect them in practice. Health promotion should resonate more in the broader health and care agendas, including in current debates on resilient and efficient health systems. We need to transform struggling curative services into effective health promoting health systems, which are proactive to emerging challenges such as antimicrobial resistance (AMR) plus resilient to shocks and crises.

Improving ways in which we work and resources we need

Improving health and wellbeing is central to achieving broader societal goals. Stronger public health policy stewardship needs to safeguard health as a value in itself, as well as demonstrating its value to inclusive growth and prosperity. In order to deliver this, the health sector needs to develop the leadership, skills and capacities for intersectoral '*whole-of-society*' strategies to promote health plus also prevent disease – which is complementary but different.

Investments in leadership, organisational and workforce development, resourcing, and partnership development within and beyond governments are key and urgently needed, particularly at local and regional levels which are increasingly vital channels for improvement. Timely advocacy and responding adequately to windows of opportunity in international, national and local policy making processes are essential. Advocacy skills should include a stronger link to human rights based approaches and address the political and commercial determinants of health.

Training more and better public health actors through continuous professional development within health and across sectors, plus including health promotion and equity in medical curricula, need to become mainstream practice. Building capacity for the health and equity impact assessments, evaluations, monitoring and analyzing health outcomes which must be core components, are also vital to raise awareness about the need for, and strengthen action to achieve, higher and more equitable levels of health and wellbeing.

Part Two: REJUVENATE

10 steps we can take towards the 2030 Agenda for health promotion and sustainable development

Implementation of the SDGs is a key challenge to which we all can contribute, with integrated solutions and adoption of new ways of working. We can recapture the optimism and excitement of the principles and approaches of the Ottawa Charter, plus re-inspire them with the new aspirations and objectives of the Agenda 2030 goals.

We suggest these priority guiding steps, approaches or themes, by which we can make our diverse but united contributions to achieving common goals, plus refresh and measure progress on health and wellbeing in the coming decade.

As this builds on learning and achievements plus adds new ideas for our new era, we call them our 'REJUVENATE' framework: Ten Steps to Health Promotion and Sustainable Development by 2030.



BE RESPONSIVE

How do we adapt to challenges and use new opportunities?

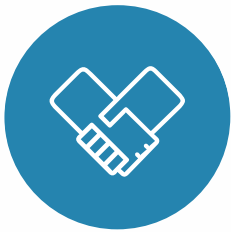
- Monitor developments in and beyond health sectors to anticipate changes and needs.
- Network, link and integrate information gathering with other relevant sectors.
- Find and exploit windows of opportunity to move beyond existing health policy frameworks.
- Think, act and advocate "out of the box" – if something is broken, help to fix it.
- Adapt and respond quickly and adequately to rapidly changing situations, for example refugee crises and their immediate and wider health impacts; or economic crises such as youth unemployment, which has been called 'a public health emergency'; or anti-microbial resistance (AMR) and other direct health threats, where health promotion has a major potential role.



BE EQUITABLE

How do we address the 'causes of the causes'?

- Address the root causes of health inequalities through the direct and wider determinants of health; we know enough about what works to act, do more, and do better.
- Address the political and commercial determinants of health equity.
- Assure the quality of public health policies and strategies by ensuring that they involve equitable coverage, focus on the social gradient and apply proportionate universalism, i.e. policies that allocate resources based on needs.
- Help promote policies and actions that aim to reduce poverty and exclusion in all its forms.
- Practice equitable approaches in our own professions, processes and mechanisms.



BE JOINED UP

How do we build partnerships and governance across sectors?

- Initiate improved governance for integrated health promotion within and beyond health and care systems, particularly linked to primary care.
- Highlight impacts of upstream policies on health and support integrated public services (e.g. education, employment and financial support, housing and social protection).
- Respond jointly to relevant available investment funds in and beyond health programmes.
- Work with other sectors to bring health improvement into their priorities; increasingly implement Health Equity Impact Assessments.
- Ensure and integrate mental and physical health and wellbeing promotion.



BE UPDATED

How are we proactive and smart to influence 21st century realities?

- Address media, marketing and commercial determinants, such as food (sugar and salt), tobacco and alcohol labeling and pricing, healthy transportation etc.
- Influence and support measures that lead to supportive conditions for healthy lives.
- Consider fiscal and other incentives, those that demonstrate cost-effectiveness and those that address the economic determinants of lives.
- Revisit ways to work with or negotiate with private and third sectors and powerful actors, including new media enterprises that may reach excluded audiences.
- Investigate new mechanisms such as forms of social enterprises, for example fitness and lifestyle products and services.



BE VALUE DRIVEN

How do we develop values and the right to health in new contexts?

- › Equity, social justice, empowerment and engagement are core principles in all we do.
- › Apply human rights based approaches and provide the right to health. Link to initiatives including sexual and reproductive health rights.
- › Develop and apply precautionary principles of public health; disease prevention is complementary but different from health promotion.
- › Apply a life course approach and tackle ageism.
- › Improve health literacy and continue to implement health information and education campaigns principles to contexts.



BE ETHICAL

How do we apply and promote the fairest standards in all we do?

- › Engage with and contribute to the major debates and new learning of the 21st century around developments such as genetic and medical advances.
- › Address cultural determinants; respect diversity and cultural values within communities.
- › Act sensitively to gender, ethnicity, age, disability and sexual minority community (LGBTI) needs.
- › “Practice what we preach”: in a transparent, open and accountable way.



BE NEW

How do we create and implement new ideas?

- › Contribute to fresh thinking initiatives and processes.
- › Apply innovative solutions to help bridge the “implementation gaps” between research, policy and practices.
- › Bring the “best of the old” and “best of the new” approaches to work using evidence and evaluation.
- › Use new metrics such as mechanisms, targets, assessments and knowledge sources, for example where economic indicators such as GDP are unsatisfactory and exclusive, help to develop appropriate new measures.
- › Strengthen leadership, seek new partners and perspectives, and broaden planning horizons.



BE ACTIVE

How do we practice inclusive engagement?

- › Practice community and citizen engagement principles.
- › Strengthen liaison and practice with primary healthcare and social care in communities which include health promotion and preventative measures.
- › Strive to achieve equal access and health outcomes.
- › Practice ethical advocacy to influence laws, legislation, strategy, policy and practice.
- › Be proactive: do not wait for a crisis to take preventive steps and build resilience



BE TECHNOLOGICAL

How do we understand and apply technical and digital advances?

- › Make better use of emerging technologies and innovation such as m-health, e-health, at home diagnostics and digital therapeutics.
- › Ensure that these benefit all and do not increase inequities in access to technological solutions by e.g. tackling the “digital divide” inequalities arising from the use of technology, and by applying precautionary principles to avoid abuses and exclusions, for example in communications or genetic developments.
- › Incorporate the impacts of new and social media on health across the life course and explore how best use can be made of these tools to achieve health and wellbeing.
- › Monitor and help to develop appropriate use of technologies for health and wellbeing improvements, for example bio and Nano technologies.



BE ECOLOGICAL

How do we sustain and protect our environments?

- › Respect and nurture the planetary boundaries of our natural resources and ecosystems; engage with fair trade and development practices.
- › Link health promotion with sustainable consuming, living and moving, including reducing (food) waste, increased recycling and moderate, ethical consumption.
- › Tackle environmental inequalities such as access to water and energy; promote green spaces and landscapes as well as healthy urban developments.
- › Contribute to efforts to achieve serious reductions in air pollution, linking with sustainable mobility.
- › Act to urgently address human influenced climate change and its impacts on health.

EuroHealthNet suggests the above themes, approaches and steps in its role as a leading health promotion, social equity and wellbeing improvement partnership in the European context, with global interests and links. They are not exclusive: we hope they will stimulate debate within and beyond health promotion sectors and bodies. We welcome comments, discussion and development, including within the processes of the 9th Global Health Promotion Conference in 2016, but also beyond in the context of our own development plans and those of national and international organisations, not least the UN, WHO and EU.

Most of all, we hope to help stimulate concrete developments and improvements in approaches, policies and practices to take health promotion forward to and beyond 2030. The process in collectively considering and defining our values, progress, goals and objectives has strengthened our affirmation of the very great value and importance of health promotion and social equity towards general wellbeing for all.

We hope you will join us in striving to make these aims and aspirations a reality by 2030.



ANNEXES

Annex 1: EuroHealthNet - a Health Promotion Partnership

EuroHealthNet is a not for profit partnership of organisations, agencies and statutory bodies working to contribute to a healthier Europe by promoting health, health equity and wellbeing between and within European countries. We achieve this by supporting members' work in EU and associated states through policy and project development, networking and communications. Over the 20 years of existence we have built up a wide and extensive portfolio of international collaborations. Our main focus is the European Union and its member states and associates (e.g. Norway). We have also worked extensively with the WHO European Region and actors within that broader region. EuroHealthNet is proud to have contributed to building the increasingly large body of evidence¹ underpinning the validity of the Ottawa Charter and subsequent global conferences² and established health promotion objectives.



The supporting principles of EuroHealthNet's existence are firmly rooted in the Ottawa Charter and its continued progress through the institutionalization of global events. Set up in 1997 as the European Network for Health Promotion Agencies (ENHPA), we were a component of the then new and strengthened professional health promotion infrastructure championed by the Charter. EuroHealthNet is currently a Partnership of nearly 50 organisations and institutes from 26 countries, also drawing in partners from other sectors and academia to foster knowledge-based practice and policy, whole-of-society approaches, and strengthened advocacy.

¹ Overview of EuroHealthNet portfolio of EU wide projects and activities 1997-2016 in Annex 4

² Adelaide (Australia, 1988), ... (see Annex 3)

Annex 2: United Nations Agenda 2030

When the Heads of States met at the United Nations in September 2015 and agreed on Agenda 2030, public health and health promotion were recognized and put in the context of the new global agenda.

There are 17 Sustainable Development Goals (SDGs). Number 3 specifically concerns health: *"Ensure healthy lives and promote well-being for all at all ages"*.

But at least twelve of the other goals address the wider determinants of health.



Health therefore has a firm place in the UN 2030 Agenda for sustainable development as a goal, determinant and indicator. The holistic and integrated nature of the SDGs as well as its population, intersectoral and life-course perspectives provide new legitimacy for addressing the root causes and wider determinants of health³.

As the Goals are universal, they can also boost whole-of-society efforts in all countries of the European region and systematically tackle political, social, environmental, economic and cultural determinants of health and health inequity⁴.

3 Health in the 2030 agenda for Sustainable Development, WHO, EB138/14, 2015. http://apps.who.int/gb/ebwha/pdf_files/EB138/B138_14-en.pdf

4 Draft resolution adopted at EB138/ http://apps.who.int/gb/ebwha/pdf_files/EB138/B138_CONF6-en.pdf

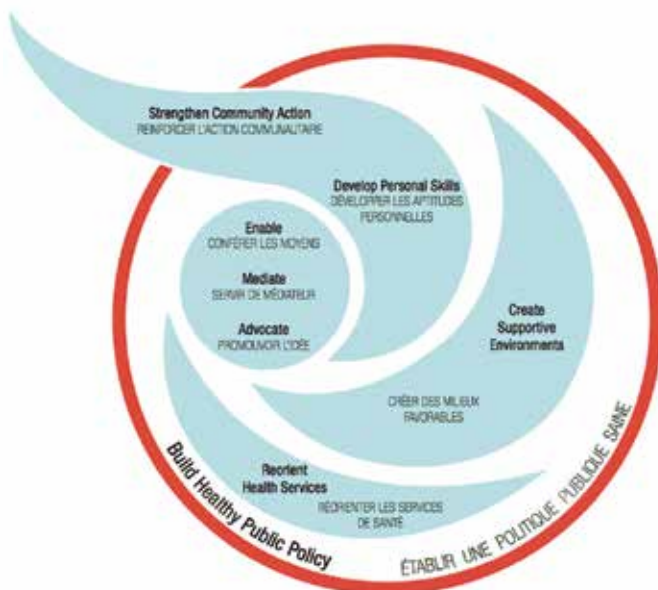
Annex 3: Ottawa Charter (1986)

The [Ottawa Charter for Health Promotion](#) is an international agreement which launched a series of actions among international organisations, national governments and local communities to achieve the “Health for All” goal by the year 2000 and beyond through health promotion. It was adopted at the First International Conference on Health Promotion, organised by the WHO and held in Ottawa, Canada, on 21st November 1986.

The Charter defines health promotion as the process of enabling people to increase control over, and to improve, their health. It sets out peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity as fundamental prerequisites for health.

Five action areas for health promotion are identified:

- Build healthy public policy
- Create supportive environments
- Strengthen community action
- Develop personal skills
- Reorient health services



↪ 1 Health promotion diagram, created for the First International Conference on Health Promotion held in Ottawa, Canada, in 1986.

DEVELOPMENTS AFTER THE CHARTER

[Adelaide Recommendations on Healthy Public Policy](#) (1988): they acknowledge the need of moving toward a new public health paradigm, reaffirming social justice and equity as essential prerequisites for health, and identify four key areas as priorities for health public policy for immediate action, i.e., supporting the health of women, food and nutrition, tobacco and alcohol and creating supportive environments.

[Sundsvall Statement on Supportive Environments for Health](#) (1991): it declares the paramount importance of a supportive environment for health, arguing that the two are interdependent and inseparable, and calls for urgent action to achieve social justice in health.

[Jakarta Declaration](#) (1997): it reflects the firm commitment to draw upon the widest possible range of resources to tackle health determinants in the 21st century, and identifies five priorities for health promotion, (i) promote social responsibility for health; (ii) increase investments for health development; (iii) consolidate and expand partnerships for health; (iv) increase community capacity and empower the individual; (v) secure an infrastructure for health promotion.

[Mexico Ministerial Statement for the Promotion of Health](#) (2000): about bridging the equity gap and has a focus on health inequalities

[The Bangkok Charter for Health Promotion in a Globalised World](#) (2005): it gives a new direction to Health Promotion by calling for partnering across governments, international organizations, civil society and the private sector to work towards four key commitments to ensure that health promotion is central to the global development agenda.

[Nairobi Call to Action to close the implementation gap.](#) (2009): it stresses the importance of closing the implementation gap between evidence and its concrete application in health development.

[The Helsinki Statement on Health in All Policies](#) (2013): this statement prioritises health and equity as a core responsibility of governments. It affirms the need for effective policy coherence for health and well-being and recognizes that this will require political will, courage and strategic foresight.

9TH GLOBAL CONFERENCE ON HEALTH PROMOTION, SHANGHAI, NOVEMBER 2016

9GCHP will be co-organized by WHO and the National Health and Family Planning Commission (NHFPC) of the People's Republic of China. The conference will provide an opportunity to reassert the significance of health promotion in improving health and health equity at the historical moment of 30 years anniversary of Ottawa Charter, and the first year of implementing the Sustainable Development Goals (SDGs). It will direct and guide Member States on the practical application of evidence-based health promotion concepts, approaches and mechanisms for achieving SDGs. *EuroHealthNet and its members will contribute to the preparatory processes, debates at the event, and follow up dissemination and implementation.*



Annex 4: Initiatives in which EuroHealthNet has coordinated or participated

EuroHealthNet's strategic and organizational development reflects that of the shifting paradigms in health promotion and the art of promoting equitable health and wellbeing. Our work shows an evolution from capacity building for health promotion practice to supporting health promoting policies that address the systematic differences in health and wellbeing across the social gradient through comprehensive strategies.

To advance evidence-based, whole-of-society approaches our partnership was re-structured to include three pillars. This was a response to the changing European economic and political environment, and informed by the insights advocated by the WHO Commission on Social Determinants for Health and Health 2020. At our core is Health Promotion Europe, bringing together national and regional bodies publically responsible for health promotion and disease prevention. CIRI⁵ is our research-oriented pillar and include partners from the academic field. Our third pillar, PHASE⁶, focuses on EU policy monitoring and advocacy for health equity.

Over the years, EuroHealthNet partnership has coordinated and/or participated in the following activities co-funded by the European Commission:

DG EMPLOYMENT, SOCIAL AFFAIRS & INCLUSION

- **Promotion of Social Inclusion and Poverty Reduction (2014-2017)**
The objective of this core-funding EaSI instrument is to implement a strategy to support EU and National policy developments relevant to tackling social and health inequities, to disseminate information about EU policy agendas to facilitate European, national and local actions. ec.europa.eu/social/main.jsp?catId=1081
- **Active Ageing Going Local (2014-2016)**
EuroHealthNet was an evaluator in this project, which focused on integrated activities in the field of active ageing in Italian regions and the design and implementation of new ones. www.agl-project.eu
- **Active and Healthy Ageing in Slovenia (2014-2015)**
This project supported the development of the new comprehensive Active and Healthy Ageing Strategy for Slovenia. www.staranje.si
- **Promoting Social Inclusion (2011-2013)**
EuroHealthNet, through this PROGRESS core-funding, strengthened and reinforced the EU's social inclusion and social protection policies by feeding in expertise on health inequalities, developing the capacity of its members to engage with the elaboration and implementation of these policies at the EU and national level.
- **Regions Tackling Health Inequalities (2011-2013)**
This project aimed to promote joined-up approaches to tackling regional health inequalities, with a focus on People living in (or at risk of) poverty, the Elderly, Looked-after Children, Migrants and Disabled people.
- **Working for Equity in Health (2011-2012)**
Led by HAPI, Working for Equity in Health was a project focusing on the issues of work, worklessness and social protection. www.hapi.org.uk/search/?q=working+for+equity+in+health
- **Promoting Social Inclusion and Tackling Health Inequalities in Europe (2003-2006)**
Led by NIGZ (Phase I) and NHS Scotland (Phase II) and coordinated EuroHealthNet, this project highlighted programmes that encourage social inclusion through health-promoting activities. www.health-inequalities.eu/wp-content/uploads/2016/09/part-11.pdf

5 European Centre for Innovation, Research and Implementation for Health and Well-being (CIRI) add web link

6 European Platform on Health and Social Equity (PHASE) add web link

DG HEALTH AND FOOD SAFETY (FORMERLY DG HEALTH AND CONSUMERS)

- **Reducing Health Inequalities Experienced by LGBTI People (2016-2017)**
The Health4LGBTI project was initiated to ensure that LGBTI people across Europe have full and equal access to health care and services.
www.health-inequalities.eu/projects/health4lgbti
- **Improving the Health of those in Isolated and Vulnerable Situations (2016-2017)**
The VulnerABLE initiative aims to increase our understanding of how best to improve the health of people who are living in vulnerable and isolated situations across Europe.
www.health-inequalities.eu/projects/vulnerable-groups
- **Mental Health Compass (2015-2017)**
This 3-year initiative aims to encourage action in mental health policy at the European level.
ec.europa.eu/health/mental_health/eu_compass/index_en.htm
- **Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (2013-2017)**
This action promotes and facilitates a process of exchange and transfer of good practices between European countries and regions, addressing chronic conditions, with a specific focus on health promotion and prevention of chronic conditions, multi-morbidity and diabetes. www.chrodis.eu
- **Joint Action on reducing Alcohol Related HARM (2013-2016)**
Takes forward work on common priorities in line with the EU Alcohol Strategy and strengthen Member States' capacity to address and reduce the harm associated with alcohol. www.rarha.eu
- **Joint Action on Improving Quality in HIV prevention (2013-2016)**
Quality Action aimed to increase the effectiveness of HIV prevention in Europe by using practical Quality Assurance (QA) and Quality Improvement (QI) tools.
www.qualityaction.eu
- **Equity Action – Joint Action on Health Inequalities (2011-2014)**
This action assisted Member States to develop tools to better enable health inequalities to be addressed in cross-government policy making, to access the evidence, and to engage with key stakeholders especially regions. www.equityaction-project.eu
- **Crossing Bridges – To Take Forward HiAP (2011-2012)**
The 'Crossing Bridges' project aimed to advance the implementation of Health in All Policies (HiAP) approaches in EU Member States.
www.eurohealthnet.eu/sites/eurohealthnet.eu/files/publications/Final%20Crossing%20Bridges%20Publication%20ENG.pdf
- **Developing Public Health Capacity in the EU (2010-2012)**
This tender carried out a review and systematic mapping of the capacity of EU Member States to develop and implement public health policies and interventions.
ec.europa.eu/health/social_determinants/docs/report_ph_capacity_2013_en.pdf
- **DETERMINE - Mobilising Action for Health Equity in the EU (2007-2010)**
This initiative was created to address the issue of health inequities in the EU and assess what was being done to improve health equity and to identify and stimulate further collective action.
www.eurohealthnet.eu/sites/eurohealthnet.eu/files/publications/DETERMINE-Final-Publication-Story.pdf
- **Healthy Ageing Project (2004-2007)**
The three-year Healthy Ageing project aimed to promote healthy ageing among people aged 50 years and over. www.healthyyageing.eu
- **Capacity Building for Health Promotion in south and eastern European countries (2005-2006)**
- **Getting Evidence into Practice (2003-2005)**
Project to develop tools to assess the effectiveness of health promotion strategies and practice
- **Closing the Gap: Strategies for Action to tackle health inequalities in Europe (2004-2007)**
The general objectives were to promote action at EU level to reduce health inequalities, to support member states in developing effective strategies, to support the establishment of a strong and sustainable leadership to tackle health inequalities across Europe. ec.europa.eu/health/ph_projects/2003/action3/docs/2003_3_15_frep_en.pdf
- **The role of health promotion in tackling health inequalities (1999 – 2001)**
Outcomes of this project led into the Belgian EU Presidency Round Table on health inequalities in 2001.

DG RESEARCH & INNOVATION

- **INHERIT (2016-2019)**
 The Intersectoral Health and Environment Research for Innovation (INHERIT) Horizon2020 project brings together experts from the health, environment and other sectors to investigate how to ensure environmental sustainability and improve health equity and well-being.
www.inherit.eu
- **DRIVERS (2012-2015)**
 This three-year FP7 research project aimed to find links and best ways to tackle health equity through policy and practice in early childhood development, employment and working conditions, and income and social protection.
www.health-gradient.eu
- **Innovative Policies for Healthy Ageing (2012-2015)**
 IROHLA was an FP7 project that focused on improving health literacy for older people in Europe. It took stock of on-going health literacy programmes and projects and identified and validated a set of 20 interventions, which together constitute a comprehensive approach for addressing the health literacy needs of the ageing population in Europe.
www.irohla.eu
- **Spread 2050 Vision - Sustainable Lifestyles Platform (2011-2012)**
 This FP7 funded project aimed to create scenarios of sustainable lifestyles in 2050 focusing on sustainable living, moving, consuming and healthy living.
www.sustainable-lifestyles.eu
- **Tackling the Gradient in Health (2009-2012)**
 Tackling the GRADIENT in Health (2009-2012) was a collaborative FP7 project that undertook research on social gradients in health inequalities among families and children.
www.health-gradient.eu/home/gradient

DG COMMUNICATIONS NETWORKS, CONTENT AND TECHNOLOGY

- **Thematic Network on Innovation for Age-Friendly Environments (2014-2016)**
 AFE-INNOVENET set up a large EU-wide community of local and regional authorities and other relevant stakeholders interested in working together to find smart and innovative evidence-based solutions to support active and healthy ageing and develop age-friendly environments across the EU.
www.afeinnovnet.eu



EuroHealthNet

EUROPEAN PARTNERSHIP FOR IMPROVING HEALTH, EQUITY & WELLBEING

Do please send your feedback, comments, suggestions and ideas to our Executive Board via Caroline Costongs, Managing Director, at c.costongs@eurohealthnet.eu.

Most outputs and publications from the above projects and initiatives can be found at www.eurohealthnet.eu or by contacting David Hargitt, Management Assistant, at d.hargitt@eurohealthnet.eu.

If you wish to join us or partner with us you can do so at <http://eurohealthnet.eu/join-us/become-eurohealthnet-member>

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